

# TRANSMITTAL FORM

Application Number	10/509,587
Filing Date	August 22, 2005
First Named Inventor	Patberg, Lothar
Group Art Unit	3679
Examiner Name	Ferguson, Michael P.
Attorney Docket No.	20496-461
Confirmation No.	2536
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Response to Restriction Requirement<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]<br><input checked="" type="checkbox"/> Petition for Extension of Time<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Form PTO-1449<br><input checked="" type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Replacement Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction<br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Change of Correspondence Address |
|--|--|---|

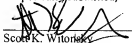
## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Date: October 26, 2007  
 Reg. No.: 56,471  
 Tel. No.: (617) 526-9717  
 Fax No.: (617) 526-9899

Respectfully submitted,

  
 Scott K. Witonsky  
 Attorney for the Applicant  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600